



Non-Resident Student Information Form

*Note: Student, please fill out this form in triplicate and return
to the local police department.*

Name of Vehicle Owner_____

State of Registration_____

Owner's Address_____

Address as Indicated
on Vehicle Registration_____

Registration #_____

Model Name_____ Make_____ Year_____

Vehicle Identification Number_____

Name of Student/Operator_____

School or College_____

Student's Campus Address_____

Vehicle Insurance Company_____

Date_____ Decal # issued_____